



PLANNING DEPARTMENT

(760) 770-0340
Fax - (760) 202-1460
68-700 Avenida Lalo Guerrero
Cathedral City, CA 92234-7031

(Staff Use Only)

Case No.:

SEXUALLY ORIENTED BUSINESS PERMIT

BUSINESS INFORMATION

CHECK CLASSIFICATION(S) OF SEXUALLY ORIENTED BUSINESS:

- | | |
|---|--|
| <input type="checkbox"/> Adult Arcade | <input type="checkbox"/> Adult Novelty Store |
| <input type="checkbox"/> Adult Bookstore | <input type="checkbox"/> Adult Video Store |
| <input type="checkbox"/> Adult Cabaret | <input type="checkbox"/> Nude Model Studio |
| <input type="checkbox"/> Adult Motel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adult Motion Picture Theater | |

Business Name (or proposed fictitious business name)

Tax Identification Number

Street Address of Proposed Business

Telephone Number (If available)

Legal Description of Property

Name of Manager on Premises (if no manager selected, submit statement that the manager has not been selected)

CHECK TYPE OF OWNERSHIP:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Partnership | |

APPLICANT INFORMATION

Name of Individual Completing the Application

Telephone Number

Mailing Address

Complete the section below that is applicable to the form of ownership

SOLE PROPRIETORSHIP

Legal Name

Alias, if any

Telephone Number

Mailing Address

Date of Birth

Social Security Number

Driver's License Number

PARTNERSHIP

Name of Partnership

List each General Partner:

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

CORPORATION

Name of Corporation

List each Corporate Officer and/or Director:

Name and Title

Name and Title

Name and Title

Name of Corporate Agent for Service of Process

Has the applicant or any other individuals identified in the application, excluding any agent for service of process who is not also listed as a director or officer, ever had a Cathedral City Sexually Oriented Business permit denied, suspended or revoked? (If yes, list the name and location of the subject sexually oriented business and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

Has the applicant or any other individuals identified in the application had an interest (as director, officer, sole proprietor, or general partner) in an sexually oriented business for which a Cathedral City Sexually Oriented Business permit was denied, suspended or revoked? (If yes, list the name and location of the subject oriented business and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

DECLARATION OF APPLICANT

SOLE PROPRIETOR: The undersigned declares under penalty of perjury, under the law of the State of California, that the foregoing information set forth in this application and in its attachments is true and correct.

Signature of Sole Proprietor

Date

MULTIPLE OWNERS, PARTNERSHIP, CORPORATION: The undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury under the laws of the State of California that the foregoing information set forth in this application and in its attachments is true and correct.

Signature

Date

Signature

Date

Signature

Date

SUBMITTAL REQUIREMENTS

- ☐ Application processing fee (\$100).
- ☐ Completed permit application form.
- ☐ A recent photograph of the applicant.
- ☐ A sketch or diagram showing the configuration of the premises including total floor space. Must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches. Must also demonstrate compliance with the exterior security requirements of lighting and recorded surveillance.
- ☐ Proof that applicant is over 18 years of age.
- ☐ Copy of state/federal permit showing tax identification number (if applicable).
- ☐ Current certificate and straight line drawing as required by Ordinance No. 347 demonstrating proposed business is at least 1000 feet from any other sexually oriented business and at least 750 feet from any sensitive use as defined by local Zoning Ordinance.
- ☐ Statement that the manager has not been selected (if applicable).

DETERMINATION OF APPLICATION (staff use only)

Action Taken: ☐ APPROVED ☐ DENIED

Conditions of Approval: _____

Grounds for Denial: _____

Approved By: _____ Date: _____

Date/Time Received:	Received By:	Amount Received:	Receipt No(s):
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